

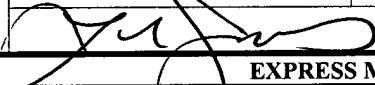
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|  |  |  |                           |
|--|--|--|---------------------------|
| <b>TRANSMITTAL FORM</b>                                  |  | Application Number                       | 09/982,244                |
| (to be used for all correspondence after initial filing) |  | Filing Date                              | October 17, 2001          |
|  |  | First Named Inventor                     | Michael H. D'Amico et al. |
|  |  | Art Unit                                 | 3713                      |
|  |  | Examiner Name                            | Julie K. Brockett         |
|  |  | Total Number of Pages in This Submission | 28                        |

**ENCLOSURES (check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Return-Receipt Postcard                             |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD Number of CD(s) _____                                       |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|  |   |                                   |                |
|--|---|-----------------------------------|----------------|
| Firm or Individual Name                              | McAndrews Held & Malloy, Ltd.   |                                   |                |
| Name (Print/type)                                    | Lawrence M. Jervis  | Registration No. (Attorney/Agent) | 27,341         |
| Signature  |  |                                   | Date: 04-07-05 |
| <b>EXPRESS MAIL DEPOSIT</b>                          |   |                                   |                |
| "Express Mail" mailing label number: EV 164037876 US |   |                                   |                |
| Date of Deposit: April 7, 2005                       |   |                                   |                |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

**PTENT**  
**TM**  
**Fee TRANSMITTAL**  
**APR 07 2005** for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

| Complete If Known    |                           |
|----------------------|---------------------------|
| Application Number   | 09/982,244                |
| Filing Date          | October 17, 2001          |
| First Named Inventor | Michael H. D'Amico et al. |
| Examiner Name        | Julie K. Brockett         |
| Art Unit             | 3713                      |
| Attorney Docket No.  | 13253US01                 |

METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Charge Fee(s) indicated below                                       | <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee      |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) | <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid(\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |               |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  | _____         |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   | _____         |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   | _____         |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  | _____         |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    | _____         |

## 2. EXCESS CLAIM FEES

Fee Description

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee(\$) Fee(\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|---------|---------------|---------------------------|
| -20 or HP    | x            | =       |               | Fee Fee Paid (\$)         |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---------------|--------------|---------|---------------|---------------------------|
| -3 or HP      | x            | =       |               | Fee Fee Paid (\$)         |

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

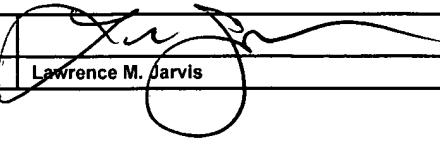
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee(\$) | Fee Paid(\$) |
|--------------|--------------|--|---------|--------------|
| -100         | /50          | (round up to a whole number)                     | x       | =            |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Three-Month Extension of Time 1,020.00

## SUBMITTED BY

|                   |   |                                      |        |           |               |
|-------------------|---|--------------------------------------|--------|-----------|---------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 27,341 | Telephone | (312)775-8000 |
| Name (print/type) | Lawrence M. Jarvis  |                                      | Date   |           | 04-07-05      |